

Regal Care Trading Ltd

St Catherines Nursing Home

Inspection report

152 Burngreave Road
Sheffield
South Yorkshire
S3 9DH

Tel: 01142723523

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

St Catherines is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

St Catherine's is registered to provide accommodation, nursing and personal care for up to 67 older people, some of whom may be living with dementia. The home is situated in the Burngreave area of Sheffield, close to transport links and local amenities.

There was a manager at the service who was registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Our last inspection at St Catherines took place on 2 October 2017. The service was rated Good overall. However, we found the service was in breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) 2014. Regulation 17, Good governance.

Following the last inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the key questions asking if the service was safe, effective, responsive and well led, to at least good. The registered provider sent us an action plan detailing how they were going to make improvements. At this inspection we checked the improvements the registered provider had made. We found sufficient improvements had been made to meet the requirements of the Regulations.

At our last inspection we rated the service overall as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People living at St Catherines told us they felt safe and they liked the staff. Relatives we spoke with felt their family member was in a safe place and did not have any concerns about their family member's safety.

Regular checks of the building were carried out to keep people safe and the service well maintained.

Staff said they had been provided with safeguarding vulnerable adults training, so they understood their responsibilities to protect people from harm.

At times the service seemed very busy but there were sufficient staff to meet people's needs safely and effectively.

We found systems were in place to make sure people received their medicines safely.

Staff were provided with relevant training and supervision to make sure they had the right skills and knowledge to support people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People enjoyed the food provided and were supported to receive adequate food and drink to remain healthy.

We found the home was clean and well maintained.

People had access to a range of health care professionals to help maintain their health.

People were treated with dignity and respect and their privacy was protected. People, their relatives and health professionals we spoke with made positive comments about the care provided by staff.

A range of activities were available both inside and outside the home to provide people with leisure opportunities.

People living at the home and their relatives said they could speak with the registered manager or staff if they had any worries or concerns and they would be listened to.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

Staff, people, relatives and health professionals said the registered manager was approachable and communication was good within the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service has improved to Good.

St Catherines Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 15 October 2018 and was unannounced. This meant nobody at the service knew we were coming.

The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received, and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury

We did not ask the provider to complete a Provider Information Return (PIR) this was because we had changed our inspection dates and so we had not requested the form to be completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

At the time of our inspection there were 32 people using the service. We spoke with 14 people living at the home, six relatives or friends of people and three visiting health care professionals, to obtain their views of the support provided.

We spoke with 11 members of staff, which included the registered manager, the providers area manager, a registered nurse, a team leader, support workers, an activity worker and ancillary staff such as housekeepers and cooks.

We spent time observing care in the communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked around different areas of the service; the communal areas, bathrooms, toilets and with their permission, some people's rooms.

We spent time looking at records, which included three people's electronic care records, three people's Medicine Administration Records (MAR), three staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

People receiving support told us they felt safe living at St Catherines. Their comments included, "I felt safe from the moment I arrived here, it's why I appreciate being here", "I have been poorly for a long time now. St Catherines offers me a place of peace and safety", "I cannot think of anywhere safer, it's the staff that make you feel so safe", "I feel so safe here, there is nothing to worry about" and "I find my room to be a place of safety and privacy."

Relatives of people living at St Catherines said they had no concerns regarding safety. Their comments included, "I can leave [name of person] here knowing she is in such good hands, feeling safe is so important", "The fact that [name] is safe means the world to us as a family", "Having [name] here means we can all rest in the knowledge that she is safe" and "St Catherines makes people feel really secure you can see it in their faces every time we come here."

The staff training matrix and individual staff training records checked verified staff had been provided with relevant safeguarding training. Staff said, "I am involved in all safeguarding training" and "I feel really confident about reporting any adult protection and safeguarding issues."

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. The registered manager told us they handled small amounts of money for people receiving support. We saw that financial transaction records had been completed in line with the registered provider's policy. We checked three finance records. Receipts were retained and corresponded to the records held. This helped to keep people safe from financial abuse.

The registered manager knew how to report any safeguarding concerns and told us they worked with the local safeguarding authorities in completing investigations in relation to safeguarding incidents over the last year. Local safeguarding authorities we spoke with said the registered provider and manager had worked with them over the last year in relation to three safeguarding referrals and improvements to the service had been made in light of these investigations.

We found the registered provider had recruitment policies and procedures in place that the registered manager followed when employing new members of staff. We checked three staff recruitment records. All contained the information required by legislation. The records evidenced Disclosure and Barring Service (DBS) checks had been undertaken. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. This information helps employers make safer recruitment decisions.

We looked at three people's care plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were specific to reflect the person's individual needs. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

Where accidents or incidents had occurred, detailed information had been recorded by staff and reviewed by the registered manager and provider to ensure appropriate action had been taken to keep people safe.

We checked to see if medicines were being safely administered, stored and disposed of. We found there was a policy on medicines in place to inform staff.

People we spoke with said they always received their medicines on time. Their comments included, "My pain is well controlled, even during the night time. The staff are keen to keep me pain free."

We checked three people's medication administration records (MAR.) These had been fully completed. The MAR held detail of any known allergies and protocols for administering medicines prescribed on an 'as needed' basis. Medicines were stored securely. We observed part of the mid-day medicines administration, which showed people received their medicines in line with safe procedures.

Some people who lived at St Catherines were prescribed Controlled Drugs (CD's.) These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage was in place. CD administration had been signed for by two staff. This showed safe procedures had been adhered to.

Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff could describe these procedures and told us the registered manager also regularly observed staff administering medicines to check their competency. The nurse said a registered nurse always administered the medicines and they had all been suitably trained to carry out this role.

We saw regular audits of people's MAR were undertaken to look for gaps or errors. We saw records of medicines audits which had been undertaken to make sure full and safe procedures had been adhered to.

At times the staff at the service seemed very busy, this may have been exacerbated by our visit and other visiting health professionals who needed assistance from staff to visit people in the home. However, we found there were sufficient staff to meet people's needs safely and effectively. Staff were visible throughout the home and we saw them responding to people's requests quickly.

Staff, people and their relatives, we spoke with felt that there were enough staff to meet people's needs.

Staff said, "Some days we are busy, but we do have enough staff" and "There are usually six care workers, plus the activity staff and always a nurse. For the current number of people in the home that is enough."

We looked at the safety of the building. Regular checks of the building were carried out to keep people safe and the home well maintained. We found a fire risk assessment had been undertaken to identify and mitigate any risks in relation to fire. Personal emergency evacuation plans were kept for each person for use in an emergency to support safe evacuation.

We found a policy and procedures were in place for infection control. Training records seen showed all staff were provided with training in infection control. We saw infection control audits were undertaken which showed any issues were identified and acted upon. Housekeeping staff spoken with said they always had enough equipment to do their jobs and had clear schedules and routines to make sure all areas of the home were kept clean. We found the home was clean with no unpleasant odours observed in the areas we checked.

Is the service effective?

Our findings

People receiving support and their relatives spoke highly of the staff. They told us the service delivered care in a way that met their family member's individual needs. They said care staff knew what support was needed and they had the skills to do their jobs effectively. Comments from people included, "The staff know just how to look after me, they ask me all the time if there is anything I need", "The staff are so well trained and they have a great understanding of what I am going through", "The attention from the staff is smashing", "The staff are fantastic", "The staff come in to me at night to make sure I am alright" and "The nurses are so easy to talk to they keep us informed of everything."

We found the service had policies on induction and training to inform practice. We checked the staff training matrix, which showed staff were provided with relevant training, so they had appropriate skills. Mandatory training such as moving, and handling, medicines and safeguarding was provided. The matrix showed training in specific subjects to provide staff with further relevant skills were also undertaken, for example, training on pressure area care, diabetes and dementia awareness. Staff spoken with said they undertook an induction and refresher training to maintain and update their skills and knowledge. This meant all staff had appropriate skills and knowledge to support people. Staff spoken with said, "I think the training is really good" and "The training here prepares you for the job and it benefits the residents doesn't it"?

We found the service had policies on supervision and appraisal to inform practice. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. We checked the supervision and appraisal matrix. This showed staff were provided with supervision and annual appraisal for development and support. Staff spoken with said supervisions were provided regularly and they could talk to their managers at any time. Staff were knowledgeable about their responsibilities and role.

People told us their health was looked after and said that the staff look after them "properly" and they can see their GP's, Opticians and Specialist Nurses when they needed them. A staff member was accompanying a person to the hospital for the person's outpatient visit on the day of inspection.

Health professionals and stakeholders, we spoke with said they had no current concerns about St Catherine's and made positive comments including, "The staff seem to know [person assessed] so well", "It's very homely here. Staff are friendly and there always seems group activities taking place, like chair exercise" and "The staff seem knowledgeable about residents, and always follow our advice. We write in people's electronic records to update care plans so it is there for staff."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

There were clear records kept of DoLS authorisations and the care plans seen showed evidence of capacity assessments and decisions being made in the person's best interests.

People told us they felt consulted and staff always asked for consent. People's relatives also told us they felt consulted. The care plans we checked showed evidence people's consent to care had been sought. This showed important information had been shared with people and they had been involved in making choices and decisions about their support.

We found a varied and nutritious diet was provided to support people's health and meet their preferences. We spoke with the cook who was aware of people's dietary and cultural needs and preferences, so these could be respected. We saw people could have different meal options to the menu if this was their preference. Some people had been assessed as needing their fluid intake monitored to minimise the risk of dehydration. We checked two people's fluid balance charts. These had been fully completed electronically and showed appropriate levels of fluid were provided. The charts were checked and monitored by senior staff to ensure people were provided with enough to drink, and to maintain their health.

People and relatives were complimentary about the food and the catering team. The food offered looked pleasant in presentation. People and relatives said staff and the catering team did all they could to meet people's personal preferences around food choices. Comments included, "The food is fabulous. They will cook you anything you want", "I have had a lovely cooked breakfast this morning, you can have anything you want", "The cooks are great, the food is good and there is plenty of it", "The food is prepared just how [name] likes it, it means so much" and "I have a Sunday lunch here with [name] every week. The food is really good and there is a good choice."

People had mixed experiences over lunchtime service. Staff were seen to be very calm and patient when delivering meals and asking people what they would like to eat; people were shown two small sample meals to aid them making a decision. Staff were seen supporting people to eat their meals, this was done very sensitively. The dining areas (ground floor) were very congested and cramped. Several people were using specialist seating (and arm chairs) and wheelchairs around the rooms to take their meals on 'over bed' tables.

We saw most people were prepared, sat at tables and ready for their meals at 12.25pm. The main meal was served to them 30 minutes later, several people were asleep by this time and had to be woken to eat.

We discussed improvements that could be made with registered provider's area manager and registered manager which included 'protecting mealtimes' so all staff who worked at St Catherines, when trained, could assist people with their meals. The registered manager and area manager were very receptive to improving the mealtime experience for people and staff and said they would consult people immediately and look at making improvements

We found the accommodation was well maintained and well decorated, which provided a pleasant living space.

Is the service caring?

Our findings

People living at St Catherines made positive comments about the service. People told us they were happy and well cared for by staff that knew them well. They said staff were good at listening to them and meeting their needs. People said, "They (staff) treat me with dignity, they are very respectful", "I am totally in control of my care", "The night staff are so kind to me", "The staff here are absolutely marvellous" and "Every member of staff is so caring and kind."

Relatives of people receiving support told us the staff were caring and understood people's preferences and needs. Everyone said staff were respectful and kind. Comments included, "The staff have worked so hard to help us through this difficult time. Staff offered such compassion and care towards our whole family. We have had really good support from the manager", "The care and respect they provide is wonderful", "This is such a welcoming place", "The relationship we have with all the staff means so much" and "The staff could not be friendlier and caring."

We spent time observing care in the communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who we could not to speak with.

We saw people were cared for and supported by staff that were kind, patient and respectful. Staff shared conversation with people and were attentive and mindful of people's wellbeing. People were always addressed by their names and staff knew them well. It was noticeable how the caring and thoughtfulness was a two-way process with people and relatives frequently asking staff about their wellbeing.

We saw staff maintained the dignity and respect of the people living at St Catherines. We observed care staff always knocked before entering people's rooms. Throughout the day we saw staff seek the agreement of people before and during any care tasks being completed.

We saw people were able to choose where they spent their time, for example, in their bedroom or the communal areas. People were able to bring personal items with them and we saw people had personalised their bedrooms according to their individual choice. This also showed people were treated respectfully.

Meeting people's spiritual, religious and cultural needs was a noticeable focus of the staff team. The staff supported people with whatever spirituality meant to the individual. This involved some people attending local churches. Some people also regularly attended the local African and Caribbean Community Centre.

In the reception area we saw there was a large range of information available for people and their representatives. This included: details of advocacy services, support organisations and the registered provider's complaints procedure. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

Is the service responsive?

Our findings

People living at St Catherines and their relatives said staff responded to their or their family member's needs and staff knew them well. People told us they chose where and how to spend their time and how they wanted their care and support to be provided and they were involved in reviews of this. People said, "Staff asked me just how I wanted to have my care delivered, it puts me in charge." Relatives said, "[Name] care is so good, staff respond well to their ever-changing needs" and "The staff know her so well. They can almost second guess her needs."

We looked at three people's care plans. They were maintained and updated electronically and were specific to the individual and person centred. All contained a range of information that covered all aspects of the support people needed. They included clear information on the person's identified need, interests, hobbies, likes and dislikes so that these could be respected. The plans gave clear details of the actions required of staff to make sure people's needs were met. This showed important information was recorded in people's plans, so staff were aware and could act on this. The plans seen had been regularly reviewed to keep them up to date.

The staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual needs and could clearly describe the health and personal care needs, history and preferences of the people they supported. This showed the care provided was person centred.

There was a dedicated activity worker to ensure there was a range of meaningful activities on offer every day at St Catherines such as, craft and art, games, music and movement and visiting singers and entertainers. People and relatives also said they enjoyed trips out of the home which were organised on occasions.

People said, "The different activities give me a lot of fun", "I take part in anything that's going, they help me keep busy", "We've had some lovely outside barbeques this summer and trips out on the canal", "I went out to Emmerdale Farm, it was great", "I get involved with anything I can" and "I love it when the singers come."

Relatives said, "The activity worker is outstanding. I really appreciate the new newsletter she has developed" and "[Name] cannot get fully involved in group activities so they (staff) concentrate on giving them good quality one-to-one time."

On the day of the visit 'fresh flower arranging' was taking place. This event was observed and was thoroughly enjoyed by the people that took part. People were smelling the flowers and reminiscing about past times with their loved ones. People spoke fondly of [name] the activity worker during this activity. All the programmed weekly activities matched the activities taking place and those people told us had taken place over the last week.

We found a system was in place to respond to people's concerns and complaints so that people knew they

would be listened to and taken seriously. People living at the home and their relatives said they could speak with staff if they had any worries or concerns and they would be listened to.

Comments from people and their relatives included, "I certainly would complain if I was not happy, but there is never anything to complain about", "This is a first rate place how could anyone complain about it", "The manager has made it clear that if we have any concerns we must tell her", "I always speak my mind, believe me, and we can discuss things at the residents meetings", "If ever I had a problem I would go straight to [named registered manager]. I am sure she would sort it out" and "No worries but I would be happy to talk to any of the managers, they are so approachable."

The service provided end of life care and support to people when this was identified as needed. The registered manager informed us that the home liaised with relevant healthcare professionals to ensure appropriate care was provided. We saw end of life discussions between staff, people and relatives were recorded in the people's care plans we checked.

Relatives spoken with said they were very appreciative that end of life care planning was in place. An example was given by one family, describing the coming together of a dedicated community team from St Luke's hospice and the homes nursing staff. These meetings had provided support to their family member and the wider family. One relative said, "It is comforting and reassuring to know that there is a clear plan in place when the time comes."

Is the service well-led?

Our findings

At our last inspection on 2 October 2017 we found people's daily records relating to the care and treatment of each person were not complete, accurate and up to date. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Governance. At this inspection we found improvements had been made to meet the requirements of Regulation 17.

All people's care records were held on Patient Care System [PCS]. This was an electronic system and staff used a small hand-held device to record every intervention and interaction provided for people. These included such things as assisting people with diet and fluids and assisting people with their hygiene needs. This meant a full and accurate record of the support provided could be kept electronically.

We looked at three people's daily care records in detail. We did not find any gaps in the personal care and dietary records for people.

Staff said, "We have now got use to using the electronic system, it's good really", "All staff now do electronic records. We have had more training in record keeping" and "Our records are closely monitored by the managers to make sure they are accurate and up to date."

The manager was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw the registered manager promoted positive relationships. She greeted people warmly by name and spent time sharing conversation with them. People living at the service and their relatives freely approached the registered manager to exchange pleasantries with them or ask advice.

People, relatives and staff at the home spoke positively about the registered manager and said they were very approachable. Comments included, "We have regular meetings with the management, we can all speak up if there are any problems, I certainly will speak my mind and they know it. We can discuss anything", "[Named registered manager] is so approachable there is nothing that she will not do for you" and "I cannot speak highly enough of the manager."

All staff said they were part of a good team and could contribute and felt listened to. All the staff spoken with felt communication was good and they were able to obtain updates and share their views. Staff told us they enjoyed their jobs and all the staff spoken with, irrespective of their role, displayed a commitment to and pride in their work. Staff said, "It is like a big family. The staff team is good, we can depend on each other."

The registered manager and registered provider monitored the quality of the service and acted to make improvements when issues were identified. We saw that several quality assurance audits were completed every month, including infection control, health and safety, medication administration and care records. We

saw that where audits identified something could be improved, the next audit checked the improvement had been made. This meant audits helped to drive improvements to the quality of the service throughout the year.

People and their relatives were regularly asked for feedback on the service. People said they were encouraged to speak out and complete surveys. Relatives said that when they had approached the registered manager about various matters they felt as though they were listened to. People and relatives said, "I have completed a survey, but everything is so good, what more can I say", "You feel as though you are involved in everything" "This place is run very well" and "The managers are constantly monitoring the standards of care ,things change as soon as it's needed." From meeting minutes and speaking with people, relatives and friends we found their thoughts and ideas were acted upon. One relative said that they had mentioned the provider displaying more pictures on the walls and ornaments and this happened quickly. Another said their relative wanted a change to the menu and this was actioned. This showed the service was committed to continuous improvement.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.